

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 135
Registered No. 434

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Insp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Myra Nell Claborn { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Sept. 5 - 1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Rube Ellis Claborn
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state. Sen. Del. Arizona.

10. Color or race Cauc.
11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Idabelle
(State or country) Okla.

13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Willie Mae Pickmon
15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state. Arizona.

16. Color or race Cauc.
17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Broken Bow
(State or country) Okla.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1-4 m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____
Filed Sept 12, 1929 Registrar H. E. Irwin

435-905-605

SEPARATE RETURN must be made for each order of birth stated.